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SEP 21 2013

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	Hall Fred Rose/ Name of Limit	Estate Goods ed Liability Company	14C		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	•		
Please return all correspon	dence concerning this matter to	o the following:			
	RC	Wifeld			
		Name of Person			
•					
		Firm/Company		•	
	2686 SN	udeville Road		,	
	,	Address			
	Crawfere	wille FL 32	327		
	richdlir	field @ hotmail. co		2016 S	***************************************
	# ₹, ·	o be used for future annual report not	tification)	SEP AHAS	A PARTIES
For further information co	one maker, please ca	II:		21 85EE	
Kić H	Mitido	at (_85)545	1970		
Name of	Person	Area Code Daytit	ne Telephone Nuniber	A II: Su	
Enclosed is a check for th	e following amount:				
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Fiorida Limited Lii	adulty Company)
The Articles of Organization for this Limited Liability Company v Florida document number 40900018379.	vere filed on Fcb 24, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	2686 Shadeville Road Crowfordulle Fe
(Principal office address MUST BE A STREET ADDRESS)	Crowfordulle Fe
	<i>3232</i> 7
Enter new mailing address, if applicable:	2686 Shadeville Road Crawforduille FL
(Mailing address MAY BE A POST OFFICE BOX)	Crawfordulle FL
,	37337
B. As rending the registered agent and/or registered off registered agent and/or the new registered office address here.	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 268	Enter Florida street address
Crau	Enter Florida street address SFORD UILC, Florida 32327
•	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paining filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR≈ Manager AMBR = Authorized Member Type of Action <u>Address</u> Title <u>Name</u> Rie Holliheld 2686 Studeville Road Crowfordulle FL 3232 ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add <u>⊡</u> □ Kemove ☐ Change □ Add ☐ Remove

☐ Change

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lote: If the date inserted in this block does not meet the apportunent's effective date on the Department of State's reco	plicable statutory filing requ	irements, this	s date wiil	not be li	sted as
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e record specifies a delayed effective date, but The 90th day after the record is filed.	not an effective time,	at 12:01 a	a.m. on	the ear	lier o
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Typed or printed name of signee

Filing Fee: \$25.00